


EXHIBIT

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REC'D MAR 18 2013

Massage & Bodywork Licensing Examination Application Form
(Save time and paper – apply online at www.fsmtb.org)

APPLICANT INFORMATION										
NAME	FIRST	YI Ling Chang			M.I.	LAST		Mendez		
PREVIOUS/MAIDEN NAME					SS #	603-81-3189				
DATE OF BIRTH	MM	01	DD	05	YYYY	1981		GENDER	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	
MAILING ADDRESS	STREET								APT. #	
								23616 Moneta Ave,		
CITY	Carson				STATE	CA		ZIP	90745	
EMAIL ADDRESS	TTW1538@GMAIL.COM									
HOME PHONE				WORK PHONE				CELL PHONE	626-831-8198	
EDUCATION										
NAME OF SCHOOL ATTENDED (Write in full – no acronyms please)				California Vocational Cosmetology College						
LOCATION OF SCHOOL ATTENDED				CITY			STATE			
				Fresno			CA			
EXAM LANGUAGE										
I WANT TO TAKE THE MBLEX IN (Choose ONE language)				<input checked="" type="checkbox"/> ENGLISH			<input type="checkbox"/> SPANISH			
SPECIAL ACCOMMODATIONS										
DO YOU REQUIRE SPECIAL TESTING ACCOMMODATIONS?				<input type="checkbox"/> YES Please complete and submit the Request for Special Accommodations Form					<input checked="" type="checkbox"/> NO	
LICENSURE										
LIST ONE STATE TO WHICH YOU WOULD YOU LIKE YOUR EXAM RESULTS SENT										
FEES										
TOTAL PAYMENT DUE \$195. Please provide payment information on the next page. Payment information will be destroyed after processing.										
STATEMENT OF ACKNOWLEDGEMENT										
<p>I hereby certify that the information I provided on this application and in any supporting documents is accurate, true, and correct to the best of my knowledge and belief. I acknowledge and agree to abide by and with the policies and procedures promulgated by FSMTB, including all policies regarding examination irregularities, cheating, and cancellation of scores. I acknowledge that I have reviewed the Examination Content Outline and that I have education and training in the content subject areas. I acknowledge and agree that I am prohibited from transmitting information about FSMTB examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible cheating by myself or others may result in my scores being cancelled in accordance with FSMTB policies and procedures and/or legal action, up to and including criminal prosecution. I acknowledge that the fee is non-refundable and non-transferable.</p>										
SIGNATURE								DATE		03/12/2013

Send this application form and supporting materials to:
FSMTB
P.O. Box 198748, Nashville, TN 37219 (U.S. Postal Service)
150 Fourth Avenue North, Suite 800, Nashville, TN 37219 (for courier delivery)